420000094140

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

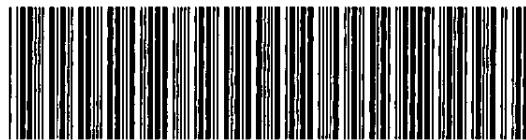☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

400237469324

07/19/12--01023--008   **130.00

2012 JUL 19 AM 10: 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE
JUL 20 2012
EXAMINER

COVER LETTER

SUBJECT: **Strategica, LLC**

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donna Rayburn

Name of Person

Strategica, LLC

Firm/Company

1756 Saddleback Ridge Road

Address

Apopka, FL 32703

City/State and Zip Code

donnalrayburn@cfl.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Rayburn   at (**407**) **875-0123**

Name of Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee   ☑ $130.00 Filing Fee &   ☐ $155.00 Filing Fee &   ☐ $160.00 Filing Fee,
                              Certificate of Status   Certified Copy   Certificate of Status &
                                                        (additional copy is enclosed)   Certified Copy
                                                                                  (additional copy is enclosed)

Mailing Address	**Street/Courier Address**
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Strategica, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1756 Saddleback Ridge Road

Apopka, FL 32703

Mailing Address:

1756 Saddleback Ridge Road

Apopka, FL 32703

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Donna Rayburn
Name

1756 Saddleback Ridge Road

Florida street address (P.O. Box **NOT** acceptable)

Apopka   FL 32703
City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGR
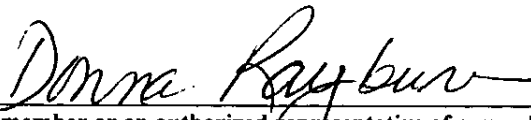
Donna Rayburn
1756 Saddleback Ridge Road
Apopka, FL 32703

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(**If an effective date is listed, the date must be specific and cannot be more than five business days prior
to or 90 days after the date of filing.**)

REQUIRED SIGNATURE:

Donna Rayburn

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.)

Donna Rayburn
Typed or printed name of signee

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation
             of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)